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ABSTRACT

The goal of the Universal Child Immunization Program, adopted by the World Health Organization in 1977, is to inoculate by 1990, every child in the world against measles, tetanus, whooping cough, diphtheria, tuberculosis, and polio. By 1987, nearly 80 countries had undertaken or were planning immunization programs. These diseases, combined with malnutrition, will kill over 3,500,000 children in developing countries. This document describes: (1) problems in establishing immunization programs; (2) new immunization technologies; (3) mobilizing child immunization campaigns; and (4) the roles of the United Nations Children's Fund (UNICEF) and the U.S. Committee for UNICEF. Suggested elementary and secondary school teaching activities, and community awareness projects are included, along with an 11-item bibliography and a list of U.S. Committee for UNICEF regional offices. (JHP)

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REACHING THE CHILDREN: UNIVERSAL CHILD IMMUNIZATION BY 1990

DEVELOPMENT EDUCATION KIT

U.S. Committee for UNICEF
331 East 38th Street
New York, New York 10016

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Reaching the Children: Universal Child Immunization By 1990

An old Arabic saying, "A child who survives measles is a child reborn," attests to the severity of disease in developing countries. For people in industrialized countries such childhood diseases are a minor inconvenience. In developing countries, however, people know that one should not count one's children until measles has passed.

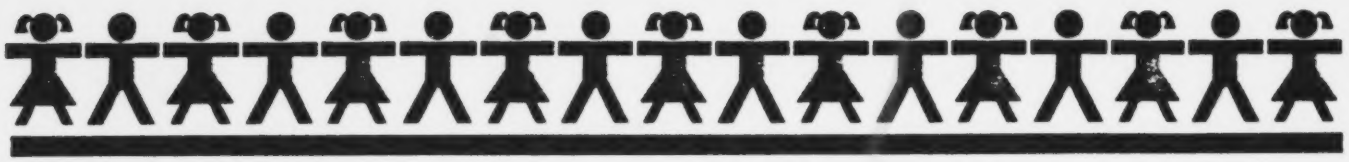
The Challenge

Today, measles, along with tetanus, whooping cough, diphtheria, tuberculosis and polio are robbing the lives of more than three and a half million children under the age of five — robbing them of their futures, robbing the world of their contributions to society. These diseases, combined with malnutrition, are the most grave challenges facing children in developing countries. Yet, in developed countries such as the United States, these diseases are almost unknown. Why is this the case? What can be done?

The diseases themselves are seldom the whole story. Diarrheal dehydration is a major contributing factor in the cycle of disease. Diarrhea from cholera or other intestinal illnesses is often caused by drinking unclean water. This diarrhea, in turn, causes malnutrition among young children, which then weakens their immune systems. The affected child is now much more likely to fall prey to disease.

....a child, in any ordinary village or neighborhood, begins to sniffle or cough with what seems like the beginnings of another ordinary cold. Over the next week, very slowly and almost unnoticed, the cough becomes deeper and more persistent. Suddenly, it is no longer ordinary. The coughing is now so rapid-firing, a stuttering engine pumping air from the lungs, that there is no time to take any inward breath as more and more air is hammered out until there is none at all left to fuel another cough and the child slumps forward, chest collapsed ... In this way, whooping cough killed more than half a million children in 1985.

— *The State of the World's Children 1986, pp. 7- 8.*



A mother brings her child to be vaccinated for the first time. That night the child has a fever and lies awake crying. The mother stays awake the whole night, and the father complains bitterly. Would she bring the child back for a second shot? Much too often mothers do not return to complete the immunization.

—Tarzie Vittachi, "Target: A Child Survival Revolution," *UNICEF News*, Issue No. 118, 1983/84.

Reaching the Children: Universal Child Immunization by 1990

The goal of immunizing all children by 1990 is far from impossible. Smallpox, a major disease that tormented the world for centuries, has already been eliminated by a mass program of immunization. Six of the remaining deadly childhood diseases can also be eradicated by the intensive program that UNICEF, the World Health Organization and others are now advocating. The successful eradication of smallpox shows that it can be done and serves as a symbol of hope for children in developing countries.

The average cost to immunize a child is only five dollars. This is all it costs to buy vaccines, transport them and provide the equipment and salaries of the necessary medical personnel. The challenge of universal immunization lies not in its cost, but rather in communicating the need and mobilizing the existing resources. A government must first establish immunization as a priority. The society as a whole — the religious sector, the army, the schools, etc. — must then accept the call to action. Parents must be made aware of the value and necessity of the vaccination before they will interrupt their busy day to walk several miles to have their children inoculated. And it is not a matter of one visit, but of several, to immunize a child completely. For instance, three doses are required to fully immunize a child against polio. The greatest difficulties of achieving universal immunization are neither technical nor scientific, but human and organizational.

The Technology to Save a Million Lives

New techniques and expanded programs in immunization accounted for close to one million fewer deaths last year from these six killer diseases. In the 1980's, for the first time, the knowledge and the means exist to defeat infection and undernutrition among the world's children on a massive scale and at an affordable cost. For example, vaccines must be kept cool to maintain their effectiveness, and recently scientists have made enormous progress toward achieving this.

A Cold Chain

The path that a vaccine follows from the maker to the immunizer is called the "cold chain." A vaccine can lose its potency if exposed to light, heat or freezing temperatures for long periods. Generally speaking, vaccines have to be maintained at a temperature between 0 and 8 degrees Centigrade (32 and 46 degrees Fahrenheit). During the past five years, largely as a result of joint efforts by the World Health Organization (WHO) and UNICEF, the cold chain has been strengthened by a new generation of equipment for storing vaccines, allowing vaccines to be shipped farther and stored longer. Techniques for monitoring the potency of the vaccine as it moves down the chain have also been improved. These are some of the new developments:

• the widespread introduction of unbreakable, irreversible liquid crystal thermometers, which cost less than $1 each, for monitoring vaccine temperatures at the health center;

• portable vaccine carriers with a two-day cold life and large enough to carry a day's supply of vaccine to a remote vaccination post; cost — from about $10 each;

• an efficient, small, health center refrigerator that can run on electricity, liquid gas or kerosene and hold a month's supply of vaccine for a population of up to 100,000 people; cost — about $400.

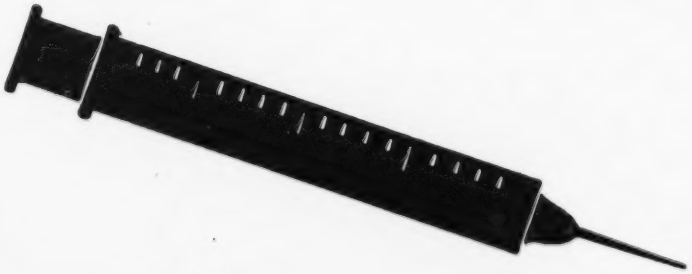
— Ideas Forum, Issue No. 22, 1985/3.

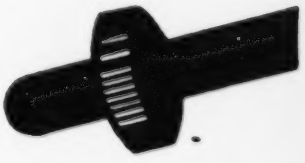
Mobilizing to Reach Children

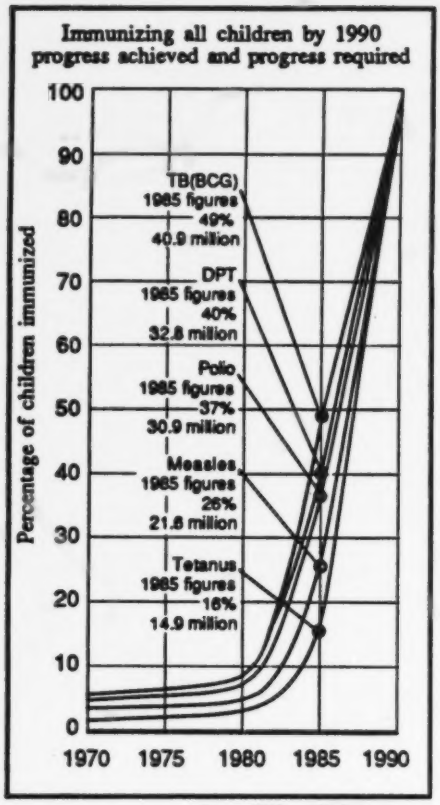
Portable vaccine carriers enable the immunization campaign to be taken to the children by health care workers. Working very closely with the women of the area, health care workers take a survey of all the children in the assigned coverage area who need to be immunized. Community leaders let the families know when the immunizations will be given. If mothers do not bring their children they are sought out. The health care workers receive great assistance from the local health committees. One health committee in Carpintero, Colombia, consists only of men. This is seen as a definite step forward; in the words of the Project Director: "When men begin to talk about the health problem that only women discussed in the past, it is a sign of deep transformation in a community's attitudes."

Political leaders have shown unprecedented determination to immunize their countries' children. On October 25, 1985, heads of state and senior officials joined with citizens to sign a Declaration of their commitment to immunize all the world's children by the year 1990. Ten months later, 74 governments and more than 400 voluntary organizations from both developed and developing countries had signed the Declaration.

Immunization campaigns have involved a wide spectrum of partners, and whole societies have been motivated to support these child survival efforts. Messages of support have been broadcast from churches, temples and mosques around the world. Trade unions, service organizations and cultural bodies have helped to rally nations in support of programs on behalf of children. Effective working relationships have developed with an understanding of the concepts of social mobilization.







Source: *WHO and UNICEF estimates.*

• In Colombia, the vaccination crusades have developed into a national child survival and development plan.

• In India, the Prime Minister has established the goal of universal immunization by 1990 as a "living memorial" to his mother, the late Indira Gandhi; strategies tested in pilot projects are gradually being extended to the whole country.

• In El Salvador, government and anti-government forces stopped fighting each other on three national immunization days in 1985, 1986 and 1987 so that over a quarter of a million children under five could be immunized in each of those years. Fortunately, the health care of children has taken precedence over political interests.

• The benefits of vaccination have been publicized in specially donated radio spots, television programs, magazine articles and posters. In Peru, newspapers all over the country carried photographs of the President's one-year-old daughter being immunized. Immunization strategy is the most innovative part of the new child health program.

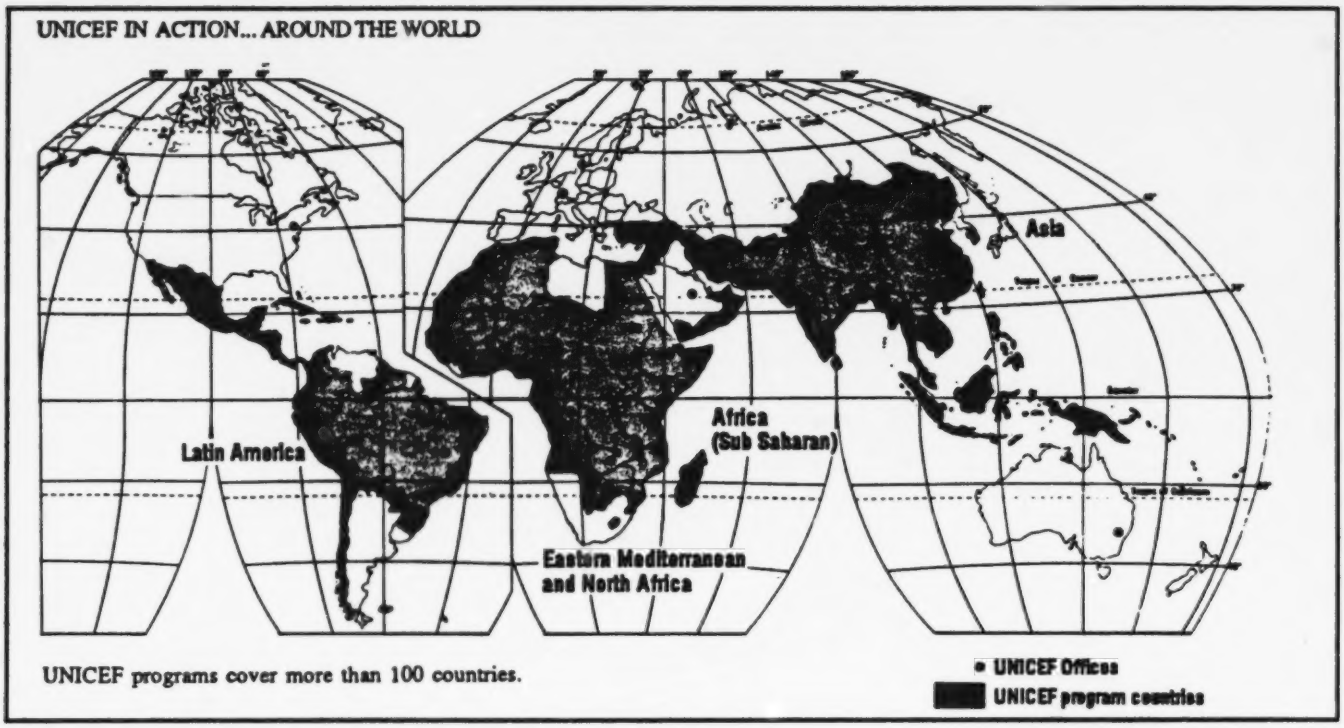
UNICEF: The United Nations Children's Fund

The goal of Universal Child Immunization, adopted by the World Health Assembly in 1977, is to inoculate every child by 1990 against the six killer diseases of childhood. UNICEF has been a leader in this effort and one of the most vociferous advocates of national vaccination campaigns. Thus far, nearly 80 countries have undertaken or are planning accelerated immunization programs.

In 1982, UNICEF's Executive Director, James P. Grant, launched what has come to be called a "Child Survival and Development Revolution." The goal: dramatic improvements in the health and well-being of the world's poorest children within a decade. A number of heads of state have given strong support to reducing infant and child mortality. They announced campaigns to give a boost to the four low-cost techniques (growth monitoring, oral rehydration therapy, breast-feeding, immunization) promoted by UNICEF.

The UNICEF mandate is to help protect the lives of children and promote their development, regardless of political considerations. In developing countries, UNICEF's essential partners are governments, voluntary organizations, communities and parents.

UNICEF is able to make a difference because it is there at the invitation of the people and their governments.



UNICEF's Executive Board consists of representatives of 41 countries and sponsors programs in 119 countries.UNICEF cooperation is coordinated with the government of the host country, which is responsible for the program. UNICEF either directly administers the projects or works in conjunction with other agencies in the project country. The infant mortality rate is the basic criterion for determining where the UNICEF funds are used.

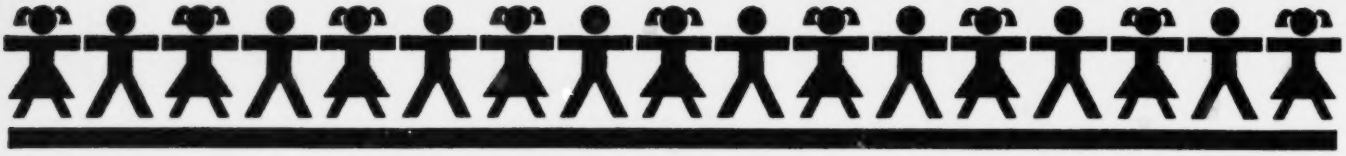
UNICEF is involved in numerous activities and projects around the world. In 1986 UNICEF sent supplies and equipment to more than 200,000 health centers and supported "Safe Water Programs" in 95 countries. Water management systems, such as wells, hand pumps and waste disposal facilities, are all part of this activity. UNICEF supports nutrition projects in 100 countries, working with farmers, women's organizations and youth groups. And UNICEF has worked extensively with the technique of launching literacy campaigns within a country's own culture and tradition.

The U.S. Committee for UNICEF

The United States Committee for UNICEF meets the challenge of generating support for selected UNICEF activities. The U.S. Committee provides information about the work of UNICEF to the American public through educational and motivational programs. It also raises over $20 million annually to support UNICEF programs overseas. The U.S. Committee is the oldest and largest of 34 national committees for UNICEF throughout the world.

The U.S. Committee is dependent on the voluntary contributions of individuals, businesses and organizations. The staff is headquartered in New York, with Regional Offices in Atlanta, Chicago, Houston, Santa Monica and New York. The U.S. Committee guides a nationwide network of over 87,000 volunteers, enhancing their efforts and extending their outreach.

The U.S. Committee directs its support to millions of the world's neediest children through grants to UNICEF-assisted projects overseas. In Ecuador, for example, the U.S. Committee contributed funds that have helped continue national days of immunization. U.S. Committee support has provided vaccines, training for health workers and communications systems that have helped Ecuador to vaccinate one and a half million children since 1985.



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Review of the Year: United Nations Children's Fund 1986 Report. New York: United Nations Children's Fund.

UNICEF Annual Report 1986. New York: United Nations Children's Fund.

Vittachi, Tarzie. "Target: A Child Survival Revolution." *UNICEF News*, no. 118, 1983/4: 3-6.

The State of the World's Children. 1985, 1986 and 1987 editions. New York: Oxford University Press.

Additional Resources

Action for Children. UNICEF-DIPA, 866 United Nations Plaza, New York, NY 10017.

Child Survival: Campaign for Life (3/4" and 1/2" video and 16mm film illustrating the national immunization campaign in Ecuador; accompanying literature). The Campaign for Child Survival, 331 East 38th Street, New York, NY 10016. (212) 686-5522.

Seeds, 10, no. 4 (April 1987). *Seeds*, 222 East Lake Drive, Decatur, GA 30030.

The Global Resource Book. Global Perspectives in Education, Inc., 45 John Street, New York, NY 10038. (212) 732-8606.

World Health (the magazine of the World Health Organization). Av. Appia, 1211 Geneva 27, Switzerland.

World Immunization News (WIN). The Task Force for Child Survival, Carter Presidential Center, One Copenhill, Atlanta, GA 30307.

U.S. Committee for UNICEF Regional Offices

Western Regional Office
(AK, AZ, CA, HI, ID, NV, OR, UT, WA, GU)
1640 5th Street
Suite #114
Santa Monica, CA 90401
(213) 458-9089

Central Regional Office
(AR, CO, KS, MO, MT, NE, NM, ND, OK, SD, TX, WY)
1360 Post Oak Boulevard
Suite #255
Houston, TX 77056
(713) 963-9390

Midwest Regional Office
(IL, IN, IA, MI, MN, OH, WI)
540 North Michigan Avenue
Suite #200
Chicago, IL 60611
(312) 670-2379

Southeast Regional Office
(AL, FL, GA, KY, LA, MS, NC, SC, TN, S.VA, WV, PR)
18 Executive Park Drive
Suite #1816
Atlanta, GA 30329
(404) 636-5597

Northeast Regional Office
(CT, DE, DC, ME, MD, MA, NH, NJ, NY, PA, RI, VT, N.VA)
331 East 38th Street
New York, NY 10016
(212) 686-5522

Congressional Relations
Washington, D.C. Office
110 Maryland Avenue, N.E.
Box #36
Washington, DC 20002
(202) 547-0204

United States Committee for
unicef
United Nations Children's Fund
331 East 38th Street,
New York, N.Y. 10016
(212) 686-5522

Suggested Teaching Activities

GRADES 4-6:

1. Prepare a ten-minute presentation on immunization to be given to a third-grade class in your school.

Consider the following vocabulary: *vaccine, cold chain, killer diseases, immunization.* Explain the reasons why Universal Child Immunization is so important.

2. Have students write and perform a short play about the challenges faced by immunization workers in developing countries.

Characters could include a doctor, a nurse, a health care worker, mother, father and several children. Roles with suggested written dialogue may be assigned by the teacher, or the students may be asked to create the plot from scratch. The finished product can be performed before parents or other students.

3. Relate the goals of Universal Child Immunization to each child by asking students to take cards home and fill out their own immunization histories.

The data gathered may include the diseases against which they were immunized, the dates of immunization and where the children were immunized. Tabulating this information will provide material for the display of a graph or chart showing the percentage of students already immunized against each of the six "killer diseases."

4. Clarify the concept of "killer diseases."

Assign small groups to look up information and prepare an informational sheet on each of the six diseases mentioned. Have one pupil from each group share this information with other members of the class in a "Lifesaver" session.

5. Conduct a survey to reinforce the concept of lifesaving through immunization.

Have students ask everyone they know if they have ever had measles, tetanus, whooping cough, diphtheria, tuberculosis or polio. Keep a record of the number of people asked, which diseases they had and the years in which they had them. The results of this survey can be included in a newsletter or displayed on a poster, with a clear explanation of why 3.5 million children under five are dying each year of these diseases.

GRADES 7 AND OLDER:

1. Familiarize the children with the concept of Universal Child Immunization.

Have groups of two to four students write and rehearse a two-minute radio promotional spot (to be aired in a developing country, hypothetically) urging parents to bring their children to a health center to be vaccinated. The students may wish to use background music to enhance the spot's effectiveness. Each group should present its "promo" to the others.

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Suggested Activities for Groups and Organizations

1. Show UNICEF Films.

UNICEF films and videos are available free of charge from the U.S. Committee regional offices and from its New York headquarters. Organize a discussion following the film to explore topics such as the effects of poverty on children, the relationship between health and development and the obstacles to social and economic development in the Third World. Discuss how the lives of families in the Third World countries depicted in the films are different from yours and how you would react in similar circumstances. Are the problems and policies of Third World governments more or less comprehensible in light of the challenges facing individual families?

2. Place an article on children's health in your newsletter.

Using the information in the "Reaching the Children" kit, write an article for your magazine or newsletter highlighting children's health issues and the need for individuals and organizations to participate in the worldwide health revolution for children. If your own organization is involved in helping children, use the campaign for child immunization as a way of broadening your readers' perspectives about the needs of children worldwide.

3. Organize your group to write letters to news editors and elected officials.

Ask their support for efforts to immunize all the world's children by 1990. Let them know that you feel these issues are important.

4. Organize a fundraising activity for UNICEF.

Plan a dinner, a bake sale, an auction, a carnival or other activities to help raise funds to support UNICEF's child immunization campaign. Halloween (October 31) is National UNICEF Day, and this is an ideal time to plan such events. For more information on group fundraising projects, contact your nearest UNICEF office, or write to the Group Programs Department of the U.S. Committee for UNICEF in New York.